

HOLY SPIRIT PARISH FETE VOLUNTEER FORM



Thank you for Volunteering at our Fete. Your help and support is greatly appreciated and your help is what makes our fete great. Please fill in the details below and return a copy of this with your Driver's License and WWC to Parish House 120 Oban Road Ringwood North.

Contact Details:

Name _____

Address _____

Phone _____ Email _____

Drivers Licence No _____

(Please attach a copy of Driver's Licence)

Prefer Mobile [] Email [] Home Phone []

Emergency Contact Details

Name _____

Relationship _____

Phone: _____ Mobile: _____

Working with Children Check [] Yes [] No []

(Please attach copy of WWCC)

IF NO WWCC, PLEASE PROVIDE THE NAME OF A REFEREE (i.e. Parish, School staff or Fete Committee/Stall holder)

Name: _____ Contact number: _____

Ambulance Subscription Yes [] No []

*In the case of an emergency an ambulance will be contacted and associated expenses the responsibility of individual staff / volunteers. Everyone is encouraged to have an ambulance subscription.

Medical Conditions Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks. If so, please detail:

Note: All medical and personal information will be treated as confidential.

Permission to Use Photographs & Video

I _____, AGREE for the fete photographer, to take, use, & distribute photographs, in order to promote the Holy Spirit Fete. I allow such use.

Signed _____ Date _____